05-18-06

EXPRESS MAIL MAILING LABEL NO. EV 719219619 US Application Serial Number 10/505,184 Filing Date August 18, 2004 First Named Inventor Derichs Group Art Unit 3725 NSMITTAL Examiner Name Tolan, Edward Thomas **FORM** Attorney Docket No. 20496-448 Patent No. Not applicable Issue Date Not applicable ENCLOSURES (check all that apply) Copy of Notice to File Missing Notice of Appeal to Board Parts of Application (PTO-1553) of Patent Appeals and Interferences ☐ Check Attached Opy of Fee Formal Drawing(s) Appeal Brief (in triplicate) Transmittal Form  $\boxtimes$ Amendment/Response Request For Continued Status Inquiry (10 pgs.) Examination (RCE) Preliminary Transmittal After Final  $\boxtimes$ Return Receipt Postcard Affidavits/declaration(s) Power of Attorney Letter to Official (Revocation of Prior Powers) Certificate of Facsimile Draftsperson Transmission under 37 C.F.R. 1.8 including Drawings [Total Sheets \_\_\_\_] П Terminal Disclaimer  $\boxtimes$ Petition for Extension of **Executed Declaration and Power** 冈 Additional Enclosure(s) Time (1 page) of Attorney for Utility or Design (please identify below) Patent Application Annotated Sheet of Figure (2 pgs.) Information Disclosure **Small Entity Statement** Replacement Sheet of Figure Statement (2 pgs.) Form PTO-1449 Copies of IDS CD(s) for large table or computer Citation Labeled C13 ргодгат Certified Copy of Priority Amendment After Allowance Document(s) Request for Certificate of Sequence Listing submission Correction Paper Copy/CD Certificate of Correction (in Computer Readable Copy duplicate) ☐ Statement verifying EXPRESS MAIL MAILING LABEL NO. EV 719219619 US identity of above **CORRESPONDENCE ADDRESS** SIGNATURE BLOCK Respectfully submitted, Direct all correspondence to: Patent Administrator Proskauer Rose LLP bral M. One International Place Date: May 17, 2006 Boston, MA 02110-2600 Reg. No.: 55,699 Deborah M. Vernon Tel. No.: (617) 526-9600 Tel. No.: (617) 526-9836 Attorney for the Applicant(s) Fax No.: (617) 526-9899 Fax No.: (617) 526-9899 Proskauer Rose LLP

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## EXPRESS MAIL MAILING LABEL NO. EV 719219619 US

Complete if Known FY 2005 Application Serial Number 10/505,184 August 18, 2004 Filing Date First Named Inventor Derichs Group Art Unit 3725 Examiner Name Edward Thomas Tolan

Attorney Doc					ket No. 20496-448					
METHOD OF PAVMENT							PER CALCULATION	(tit)		
METHOD OF PAYMENT  Payment Enclosed:						FEE CALCULATION (continued) 4. ADDITIONAL FEES				
•						Large Small				
☐ Check ☐ Money Order ☒ Other					Entity	Entity				
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500					Fee( \$)	Fee (\$	) Fee Description		Fee Paid	
Required Fees (copy of this sheet enclosed).					130	6	5 Surcharge - late filing	fee or oath		
Additional fee required under 37 CFR 1.16 and 1.17.						2	<li>Surcharge - late provi cover sheet</li>	sional filing fee or		
Overpayment Credit.						13		ation		
Applicant claims small entity status.						2,52	-			
FEE CALCULATION						6				
1. BASIC FILING, SEARCH, AND EXAMINATION				450						
Application Type	Filing	Search	Examination	Fee Paid	1,020	51			1,020.00	
Utility	300	500	200		1.590	79				
Design	200	100	130		2,160	1,08		ithin 5 <sup>th</sup> mo.		
Plant Reissue	200 300	300 500	160 600		500 500	25 25	• •	ort of an annual		
Provisional	200	0	0		1,000	50				
Tiovisionar		nall Entity			400		0 Petitions to the Direct			
			TOTAL	0.00	180	18		···-		
2. EXCESS CLA	IM FEES		Fee	Small Entity	790	39		fter final		
Fee (\$)							rejection (37 CFR 1.1	29(a))		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.					790	39	5 For each additional in	vention to be	-	
Each independent claim over 3 or, for Reissues,							examined (37 CFR 1.			
each independent claim more than in the original 200 100 patent.					100	10	<ul> <li>Certificate of Correct error</li> </ul>	ion for applicant's		
Total Claims		Extra Claim	s	Fee Paid (\$)	110	5	5 Submission of Termin	nal Disclaimer		
- 20 or HP= X \$50 = \$										
HP = highest number of total claims paid for, if greater than 20						ee (Specify	y)			
Indep. Claims Extra Claims Fee Paid (\$)										
- 3 or HP= X \$200 = \$ HP = highest number of total claims paid for, if greater than 3					Other fee (Specify)					
				Fac Daid (6)				4. TOTAL:	\$1020.00	
Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$) Claims 360 180										
A TOTAL - AAAA						TOTAL AMOUNT SUBMITTED				
2. TOTAL: \$0.00						(\$) 1020.00				
3. APPLICATION SIZE FEE						SIGNATURE BLOCK				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							Respectfu	lly submitted,		
Total	Extra			Fee (\$) Fee Paid	Date: Ma		,	rel M. Ve		
-100 =	/50 =	round whole	up to a number x	=	Reg. No.: Tel. No.:			Rose LLP		
3. TOTAL: \$0.00					Fax No.: (617) 526-9899 One International Place					
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Patent Administrator										
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